

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L89509 (8)**

1. Corporation Name
HANDYMAN SERVICES OF WEST FLORIDA, INC.



Principal Place of Business: 11327 - 43RD STREET NORTH CLEARWATER FL 34622
Mailing Address: 11327 - 43RD STREET NORTH CLEARWATER FL 34622

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 07/18/1990
3a. Date of Last Report: 04/17/1995
4. FEI Number: 59-2038084
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ENGLANDER & FISCHER, P. A.
41327 43RD STREET NORTH
CLEARWATER FL 34622~~

81 Name: Angelo Di Salvatore
82 Street Address (P.O. Box Number is Not Acceptable): 11327 43rd St N
83
84 City: Clearwater FL 85 Zip Code: 34622

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: ST	NAME: FABRIZI, RICHARD JOHN	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6001 - 51ST ST. SOUTH	CITY-ST-ZIP: ST. PETERSBURG FL	1.2 NAME:	
TITLE: P	NAME: DISALVATORE, ANGELO J.	1.3 STREET ADDRESS:	
STREET ADDRESS: 2769 VALENCIA LANE WEST	CITY-ST-ZIP: PALM HARBOR, FL 34684	1.4 CITY-ST-ZIP:	
TITLE: V	NAME: MARCIANO, FRANKLIN A.	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 850 - 49TH AVENUE NORTH	CITY-ST-ZIP: ST. PETERSBURG FL	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	
TITLE:	NAME:	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
TITLE:	NAME:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
TITLE:	NAME:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
TITLE:	NAME:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
TITLE:	NAME:	6.4 CITY-ST-ZIP:	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* Angelo Di Salvatore (813) 577-2468

CR2E034 (12/95)